

Crisis Safety Assessment and Plan

The Crisis Safety Plan –When possible the strategies planned should be developed with the person and practiced with the person and their support team. The plan should be evaluated after each crisis event and modified as necessary. A Crisis Safety Plans should be developed with the individual by the circle of support for the individual. If a situation is very complicated or dangerous professional services of a licensed counselor, psychologist, social work or behavior analyst can be of assistance in developing a crisis safety plan.

An Assessment for a Crisis Safety Plan should include:

- What the person might do (behavior) in the escalation, crisis and de-escalation stages of the most likely crisis episodes and the types of interventions/strategies that have been successfully and unsuccessfully used in recent past episodes.
- Any possible medical or physical issues should be evaluated by appropriate medical staff and these should be considered in the development of the plan.
- Prohibitions of strategies that would complicate or endanger the person's physical or mental health must be explicitly identified in the plan.
- The persons' typical supports and needs must be evaluated and every effort made to address improvement in the quality of life and meeting identified needs as well as incorporating strategies to prevent crisis in the individual support plan.

Specific Issues to address in the Safety Crisis Assessment and Plan

Possible trigger situations and precursor behaviors

- Upsetting or aggravating events to avoid when trying to prevent or de-escalate
- Behaviors the person might do that might indicate he/she is becoming upset or having difficulty coping with a situation
- **How long has the person stayed upset in the past?** Get idea of how long, longest event of dangerous to self or others behavior has lasted.

Health and Safety

- Any health issues that might preclude use of PRN medications? Reactions to medications?
- Use of any holds or restraints? Ex. Brittle bones, asthma, overweight, history of sexual abuse or physical abuse, range of motion issues, shoulder or knee pain or injuries, seizures, bladder issues that might increase discomfort or need for release
- Allowing extended time of escalation? Ex. Heart conditions, asthma, medications that might make him/her sun or heat sensitive
- Any history with police, hospitals or being restrained that might affect using or not using one of these?

Strategies used in the past

- What has been done in the past in situations – effective or not effective
- What the individual prefers when upset and prefers not to happen
- What might interrupt or prevent a situation from escalating

Quality of life and/or unmet needs

- What is lacking in the person's life, services need that are unavailable that might be necessary to consider for crisis prevention/intervention?
 - Ex. If the person does not have a meaningful day, and likes to feel important but has no skills or role to meet that need, doing things so that he/she gets to go to a hospital, and have a case manager come and talk about problems, or have the police come may serve to help person "feel important". The person will need to find ways that these can happen without making a crisis.

Relaxation skills the person has or is developing

- These can be helpful for someone assisting the individual to suggest or model early in a crisis situation
- These should be practiced prior to crisis situations regularly to keep the person and team skilled at using them

What you might expect to happen in a crisis situation

- Information about behaviors that might occur
- Reactions of the individual or others
- This information can help the person assisting the individual in crisis to be prepared and to respond unemotionally to the situation.

Possible Template for a Crisis Safety Plan

Name:

Date of Plan Development:

Supports/Provider/Program:

Team members developing plan:

(If child or under guardianship) Parent or guardian involved in developing plan:

Consent to use the plan given by (individual/ parent/guardian signature): _____

Date parent/guardian provided consent to use: _____

Need(s) (Specific statement related to Medical Necessity): _____ needs help to interact with others without physical or verbal aggression. In the past these actions have resulted in (describe most severe results of episodes, list dates of most recent episodes):

Support Plan Goal: _____ (example: will meet and participate in the after school program with no episodes of physical or verbal aggression)

Assessment for this Plan: (If the crisis safety plan strategies must be implemented more than 2 times in a month or 3 times in a quarter this is indication that more complete functional behavior assessment and development of a behavior support plan by a licensed professional is necessary).

Problem Behavior (specify frequency, intensity or duration):

Possible Trigger Events:(what might happen that could result in it more likely that he will become upset and engage in the problem behavior?)

Possible precursor behaviors: (What might he do that tells you he is getting upset?)

Common result of the problem behaviors: (What has typically been the response of the staff when the problem behavior has happened in the past? Both adult/staff responses and reactions and the individual's response/reactions to these). These may be necessary actions for safety, responses that are used to teach the individual to not engage in the problem behaviors, unplanned reactions – any of these may be acting to contribute to the problems continuing).

Typical responses during Crisis	
Adults/staff have done	Individual responded by

Prevention Steps			
Trigger Event (list each known event)	Action to Take	Person Responsible	How long or how often should the actions be done?
Precursor behaviors (list each known behavior)	Action to Take	Person Responsible	How long or how often should the actions be done?

Criteria for directly addressing the problem behavior: (when do you move from prevention/de-escalation to trying to directly intervening or seeking assistance?)

Criteria for escalating safety intervention	Action to Take	Person Responsible	How long or how often should the actions be done?

Documentation of implementation of plan: (describe how use of any of safety crisis plan will be documented):

Communication of use of plan to other members of the team, including parents and support coordinator: (describe how and by whom the use of plan will be communicated):

Prevention Steps			
Trigger Events (list each known event)	Action to Take	Person Responsible	How long or how often should the actions be done?
Precursor behaviors (list each known behavior)	Action to Take	Person Responsible	How long or how often should the actions be done?

Criteria for directly addressing the problem behavior: (when do you move from prevention/de-escalation to trying to directly intervening or seeking assistance?)

Criteria for escalating safety intervention	Action to Take	Person Responsible	How long or how often should the actions be done?

Documentation of implementation of plan: (describe how use of any of safety crisis plan will be documented):

Communication of use of plan to other members of the team, including parents and support coordinator: (describe how and by whom the use of plan will be communicated)